



5-25-05

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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

	Application Number	09/912,674
	Filing Date	July 20, 2001
	First Named Inventor	Donald S. Karanewsky
	Art Unit	1653
	Examiner Name	David Lukton
	Attorney Docket No.	480140.444C1

## ENCLOSURES (check all that apply)

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Other Enclosure(s) (please identify below):<br><hr/> <hr/> <hr/> <hr/> |
|---|---|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Seed Intellectual Property Law Group PLLC	Customer Number 00500	
Signature			
Printed Name	Emily W. Wagner		
Date	May 24, 2005	Reg. No.	50,922

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Date:

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
for FY 2005**

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$120)

<i>Complete if Known</i>	
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First Named Inventor	Donald S. Karanewsky
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**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments  Charge any underpayments or credit any overpayments  
of fee(s) under 37 CFR 1.16 and 1.17

**Warning:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		<b>Small Entity</b>
	<b>Fee (\$)</b>	<b>Fee (\$)</b>					
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**

**Fee Description**

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>
_____	-20 or HP = _____	X _____	= _____	50	25	
HP = highest number of total claims paid for, if greater than 20				200	100	
Multiple dependent claims				360	180	

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
_____	-20 or HP = _____	X _____	= _____	Fee (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)

-3 or HP = _____	X _____	= _____	Fee (\$)	Fee Paid (\$)
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HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)) the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
_____	-100 = _____ /50 = _____	(round up to a whole number)	X _____	_____

<b>4. OTHER FEE(S)</b>	<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): Extension of time (1 month, large entity)	120

**SUBMITTED BY**

Signature	<i>Emily W. Wagner</i>	Registration No. (Attorney/Agent)	50,922	Telephone	206-622-4900
Name (Print/Type)	Emily W. Wagner		Date	May 24, 2005	